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|---|----------------------|------------------------|--|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/689,968             | <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b><br><b>OCT 06 2005</b> |
|   | Filing Date          | 11/08/2001             |  |
|   | First Named Inventor | Rainsford, Patrick J.  |  |
|   | Art Unit             | 2811                   |  |
|   | Examiner Name        | Chowdhury, Sumalya A.  |  |
| Total Number of Pages In This Submission  | 12                   | Attorney Docket Number | EMU-1  |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Request For Correction to Filing Receipt |
| Remarks   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | SEYFARTH SHAW LLP   |          |        |
| Signature                                  |  |          |        |
| Printed name                               | TIMOTHY J. KEEFER   |          |        |
| Date                                       | 10/06/2005  | Reg. No. | 35,567 |

| CERTIFICATE OF TRANSMISSION/MAILING (FAX TO 571-273-8300)   |   |      |            |
|---|---|------|------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |   |      |            |
| Signature   |  |      |            |
| Typed or printed name   | TRINIDAD ESCOBEDO   | Date | 10/06/2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CENTRAL FAX CENTER

PATENT

OCT 06 2005

Atty. Docket No. EMU-1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

The undersigned hereby certifies that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on this 6th day of October, 2005.Date: 10/6/05By: Trinidad EsobedoPrint Name: TRINIDAD ESLOBEDO

Applicant: Rainsford, Patrick J.

Examiner: Chowdhury, Sumaiya A.

Serial No.: 09/889,966

Art Unit: 2611

Filed: November 8, 2001

For: INTERACTIVE SYSTEM

Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231REQUEST FOR CORRECTION TO FILING RECEIPT

Sir:

Attached is a copy of the official Filing Receipt received from the PTO in the above application.

There is an error with respect to the Title field. The Title field should read "INTERACTIVE SYSTEM". Attached herewith is a copy of the executed Combined Declaration and Power of Attorney as filed on November 8, 2001 showing the title as same.

The correction is not due to any error by Applicant and no fee is due. The Commissioner is hereby authorized to charge any required fee to Deposit Account No. 19-1351. Issuance of a corrected Filing Receipt is respectfully requested.

Date: 10/6/05SEYFARTH SHAW LLP  
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Respectfully submitted,

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